

Work History Form
Master of Public Health Program Application
Armstrong Atlantic State University

Applicant Name: _____

Public Health Work Experience

Please describe below your professional work experience (paid and volunteer) in Public Health. Include only those positions that are in public health, such as community education, epidemiology, environmental health, etc. (Attach additional pages if necessary.)

Position: _____ Organization Name: _____
Length of Employment: _____ years _____ months Volunteer: Paid: _____
Major Duties: _____

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Position: _____ Organization Name: _____
Length of Employment: _____ years _____ months Volunteer: Paid: _____
Major Duties: _____

Health-Related Work Experience

If you have professional experience (paid or volunteer) in areas related to public health, such as health care provision, administration, or other allied health services, describe them below. (Attach additional pages if necessary.)

Position: _____ Organization Name: _____
Length of Employment: _____ years _____ months Volunteer: Paid: _____
Major Duties: _____

Position: _____ Organization Name: _____
Length of Employment: _____ years _____ months Volunteer: Paid: _____
Major Duties: _____

Position: _____ Organization Name: _____
Length of Employment: _____ years _____ months Volunteer: Paid: _____
Major Duties: _____

Please return completed form to:

Graduate Enrollment Services
Armstrong Atlantic State University
Victor Hall, Second Floor
11935 Abercorn Street
Savannah GA 31419
Phone: (912) 344-2798 Fax: (912) 344-3488